

# Minimum Standards of Care in Mental Hospitals

## RECOMMENDATIONS AND REPORT

*of*

National Workshops for  
Medical Superintendents of Mental Hospitals  
and State Health Secretaries



NATIONAL INSTITUTE OF  
MENTAL HEALTH AND NEURO SCIENCES  
(Deemed University)  
BANGALORE - 560 029



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in Mental Hospitals :  
Recommendations and Report

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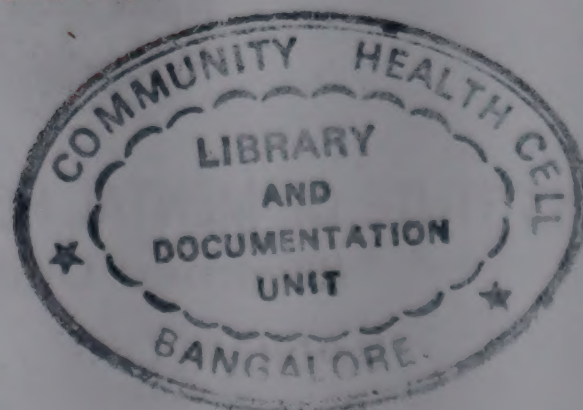
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## FOREWORD

Mental health is an integral component of total health. Mental disorders have a special significance among non-communicable diseases. The importance of mental health cannot be over emphasised in the national health planning. In the past, mental health did not find its appropriate place in the national and state health planning, due to a variety of reasons. However, in recent years there is growing concern about developing appropriate and meaningful mental health care services all over the country.

Mental hospitals form an important component of overall mental health services in the country. But most mental hospitals are not able to provide adequate treatment and rehabilitation services as they continue to be "custodial" rather than "therapeutic" institutions. The history of mental hospitals in India dates back to more than 200 years. From the later half of eighteenth century onwards, several "mad houses" and "lunatic asylums" were built in different parts of the country by the British. These asylums were largely modeled after and functioned like similar institutions in Britain. Changes taking place in the care of the mentally ill in Britain in those days were partly reflected in British India too and "asylums" were renamed "mental hospitals".

Around the time of Independence, a high profile committee under the chairmanship of Sir Joseph Bhore, "the Bhore Committee" was appointed to plan the development of health services in independent India. The Committee noted with concern that the mental health services available in the country which were largely mental hospital based was grossly inadequate. Colonel Moore Taylor the then medical superintendent of the Ranchi European Mental Hospital (which later became Ranchi Manasik Arogyashala) and a distinguished member of the Bhore Committee noted: "The majority of the mental hospital in India are quite out of date and are designed for detention and safe custody without regard to causative treatment. A general attitude of pessimism and indifference characterise the situation in mental hospitals. The public still regard the mental hospital and all services connected with mental hospital with unwanted dread. Finally I would stress that the conditions in some of the mental hospitals in India today are disgraceful and have the making of a



public scandal". Much of Col. Taylor's observations are valid even today. The Bhole Committee recommended that the existing mental hospitals should be substantially improved and more mental hospitals should be established. As a follow up of the Bhole Committee recommendations,, several new mental hospitals were started in the country, notably the hospitals at Amritsar in 1947, Hyderabad in 1953, Srinagar in 1958, Jamnagar in 1960 and Sahadra (Delhi) in 1966.

The Bhole Committee also recommended the creation of facilities for training mental health, not only for medical personnel but also for psychologists, social workers and nurses. A landmark in the development of mental health services in the country was the establishment of the All India Institute of Mental Health in 1954, in Bangalore. This Institute, 20 years later in 1974, was amalgamated with the mental hospital in Bangalore run by the Government of Karnataka to become an autonomous institute, the National Institute of Mental Health and Neuro Sciences (NIMHANS). During the past 25 years NIMHANS has built up a national as well as international reputation for its clinical, education and training and research work in various aspects of mental health and neuro sciences. In 1994 NIMHANS was conferred the status of a Deemed University which further accelerated and facilitated the development of mental health and neurosciences in the country. Today it is the largest centre for training of mental health care perosnnel in the country.

Presently there are more than 35 mental hospitals of varying sizes in different parts of the country with a total bed strength of about 20,000. While the states of Maharashtra and Kerala have three or more mental hospitals, many states do not even have one. The Amritsar mental hospital caters to the needs of Punjab, Haryana, Himachal Pradesh and Chandigarh. In Tejpur (Assam) is located the only mental hospital for all the seven north-eastern states (Assam, Arunachal Pradesh, Mizoram, Meghalaya, Manipur, Nagaland and Tripura). The Ranchi mental hospital in Bihar admits patients not only from Bihar but also West Bengal and Orissa.

Over crowding, a large proportion of chronic long-stay patients who cannot be easily discharged, poor funding, inadequate facilities for rehabilitation of patients and lack of adequately trained and motivated staff have continued to



plague many mental hospitals and contribute to the poor quality of care and services. They add to the continuing stigmatisation of mental disorders.

It is in the light of the current status of mental hospitals in India that the Central Mental Health Authority recommended the development and implementation of a set of minimum standards of care in all the mental hospitals in the country. Two workshops were held by the National Institute of Mental Health and Neuro Sciences (NIMHANS) under the aegis of the Ministry of Health & Family Welfare, Government of India and with financial support from the World Health Organisation, in Bangalore in February and June 1999. The first workshop was for medical superintendents of mental hospitals and the second for state health secretaries. This document gives the brief report and recommendations of the two workshops. It is hoped that the plight of the mentally ill who receive care in all the mental hospitals would improve as the recommendations contained in this document are adopted and implemented by all the states in India.

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February, 2000

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RECOMMENDATIONS OF  
NATIONAL WORKSHOP FOR  
MEDICAL SUPERINTENDENTS OF  
MENTAL HOSPITALS

FEBRUARY 5-6, 1999

BANGALORE







# **Recommendations of National Workshop for Medical Superintendents**

## **1. Changes in structure and nomenclature**

Most mental hospitals in the country are built like prisons and they continue to function primarily as "custodial" institutions. Their ambience should be steadily changed to that of a "treatment centre". For example, the high walls and iron gates can be suitably modified. Mental hospitals must be made more open to public. Although old terms such as asylum have been changed to hospital or institute of mental health, a variety of terms are still in routine use which reflect the custodial functioning of the institution. The prison terminology which are still in use in the mental hospitals should be appropriately changed. For example, "warder" can be changed to "ward assistant", "beat" can be changed to "staff rounds", etc. Prison practices such as "roll call" and lining up of patients for hand over should be stopped.

## **2. Out-patient services**

Many mental hospitals do not run out-patient services. Even when out-patient services exist, they are rudimentary.

- 2.1 Mental hospitals should provide daily out-patient services. Such out-patient services should be organized preferably in a separate out-patient block. The out-patient setting should be easily approachable and accessible to the public.
- 2.2 Minimum facilities should consist of - i) waiting space with seating arrangements ii) reception, enquiry and registration counters iii) cubicles or rooms for consultation with facilities for physical examination iv) drinking water facilities v) toilet facilities vi) telephone facility for the public vii) drug distribution counter.
- 2.3 Minimum documentation in case records should be maintained for all out-patients. For efficient follow up of patients, records should be easily retrievable. When patients are admitted there should be continuity of records from out-patient to in-patient.
- 2.4 Essential drugs should be given free of cost for deserving patients, for periods of one month.



- 2.5 Facilities for giving modified electro-convulsive treatment (ECT) should be available.
- 2.6 Adequate space and facilities for providing other forms of treatment such as psychotherapy, behavior therapy should be available.
- 2.7 Facilities for investigations such as routine blood and urine investigations, lithium estimation, ECG and x-ray as well as for psychological testing should be available.
- 2.8 Mental health educational material (e.g. posters) should be prominently displayed at strategic points in the out-patient block. Patient and Family Information pamphlets, hand outs and other educational materials in vernacular should be made freely available for the public.
- 2.9 Casualty and emergency services should be available round the clock. Ambulance services should be available in the out-patient setting.
- 2.10 Facilities for observation and treatment of about 10 acute or emergency cases for short periods of 24 to 72 hours - "short stay ward" - should be created in the out-patient setting. Persons should be admitted to such a facility only with a family member or an attendant staying with them.
- 2.11 Other facilities for patients and their families such as canteen, drug store etc should be opened.

### **3. In-patient services**

Majority of mental hospitals in the country were opened before India attained Independence in 1947 and about half of all the mental hospitals were opened during the last century. The total bed strength of some of the large hospitals is in the range of 1500 to 2500 beds. These hospitals have a prison like structure and ambience. Prison practices such as "roll-call" and "lining up for hand over" still continue. The buildings are in poor maintenance and require substantial improvement. There is significant overcrowding in many hospitals. In majority of the hospitals, patient admissions are predominantly "involuntary" into closed wards and cells.



- 3.1 The minimum standards of living conditions in the in-patient setting (wards) should be as follows :
- 3.1.1 The maximum number of beds in a ward should not be more than twenty.
  - 3.1.2 Separate cots, mattresses and pillows should be provided for each patient.
  - 3.1.3 There should be a minimum of 3 feet distance between cots.
  - 3.1.4 There should not be any extra floor beds.
  - 3.1.5 Each patient should be provided with a locker to store personal belongings.
  - 3.1.6 There should be one bathroom for ten patients and one toilet for five patients. Open toilets and open air bathing should be abolished.
  - 3.1.7 Running water should be available continuously as far as possible, in all bathrooms and toilets.
  - 3.1.8 Each ward should have electric connection and adequate lighting. Fans and heating facilities should be provided, consistent with the weather conditions throughout the year.
  - 3.1.9 Each ward should have a nursing station with facilities for storing drugs, linen etc and safe keeping of patient's records.
  - 3.1.10 Facilities for recreation such as radio, television and indoor games should be made available in wards.
- 3.2 The following amenities should be provided to all patients.
- 3.2.1 Patients should be encouraged to wear their own clothes. Use of hospital uniform should be minimized to the extent possible. When uniforms are used, they should be designed in keeping with local customs and traditions.
  - 3.2.2 There should be separate plates and tumblers for each patient.
  - 3.2.3 Patients should be provided with toiletries - toothpaste/ powder/hair oil/soap etc and separate towels (for each patient).



- 3.2.4 Medication should be given at bedside in the wards.
  - 3.2.5 There should be specified dining areas in each ward or group of wards. Food should be served hygienically and with care. Special care should be taken to feed patients who are unable to feed themselves.
  - 3.2.6 Bed linen should be changed atleast once a week. Ideally 6 sets of linen must be provided for each patient (2 sets in the ward, 2 in the Laundry and 2 in stock).
  - 3.2.7 Routine shaving of the head of patients, which is the current practice in many hospitals, should be done away with. Services of a barber should be provided regularly and shaving should be carried with adequate aseptic precautions.
  - 3.2.8 Debugging and delousing procedures should be carried out periodically.
  - 3.2.9 Female patients should be provided with adequate sanitary napkins during the menstrual periods.
  - 3.2.10 Daily activities in each ward should be properly structured and facilitate rehabilitation. Activities should include physical exercises, recreational activities such as games, bhajans, yoga etc.
- 3.3 Effort should be made to steadily open up the closed (custodial) wards in a planned manner in every mental hospital. Facilities for a family member/relative/attendant to stay with the patient in such wards should be provided. An open system in the in-patient setting will facilitate increasing number of voluntary admissions. Closed ward should primarily be meant only for admission of patients sent by the courts, patients sent from jails and very unmanageable patients.
- 3.4 All cells should be abolished. Existing cells can be converted to independent rooms with necessary amenities. Wherever necessary some of the cells may be modified conforming to international standards and used as "short period, isolation rooms"
- 3.5 There should be separate wards for special groups of patients such as physically ill patients, patients sent from the jails who are either under trial or convicted prisoners, children and patients with



substance use related problems. The ward which houses mentally ill prisoners should have additional police guards.

- 3.6 Special pay wards (special wards) should be developed for patients who can afford to pay for the ward and who seek additional facilities.
- 3.7 While admitting patients to the hospital, adequate care should be taken to prevent chronicity. Some of the steps which can be taken are : educating family members about the nature of the illness and its treatment, checking the address given by the patient / family as well as noting a second address and collecting a refundable deposit which is equivalent to three times the bus / train fare from the hospital to patients' native place.
- 3.8 There should be an intensive care unit in every hospital with about 10 beds, 5 beds for males and 5 for females. The unit should be adequately equipped with emergency drugs, oxygen, suction facilities and Boyle's apparatus.

#### **4. Diagnostic and Laboratory Services**

All mental hospitals should have facilities for routine blood and urine examinations, lithium estimations, x-ray, ECG, EEG and facilities for psychodiagnostic assessments.

#### **5. Hospital support services**

##### **5.1 Kitchen and dietary**

- 5.1.1 Kitchen should have adequate space for receiving and storing provisions and other materials, cleansing of materials, cooking area, washing facilities and separate room to store gas cylinders.
- 5.1.2 Separate storage area should be available for cooked and uncooked food.
- 5.1.3 Food should be steam cooked.
- 5.1.4 Food should be transported in closed containers to each ward.
- 5.1.5 Every hospital should have a dietician and dietary facilities should be under the care of the hospital administration.



- 5.1.6 Food should be served with ladles.
- 5.1.7 A well balanced diet of 3000 calories for males and 2500 calories for females should be provided. The menu should be changed periodically and the food should be made attractive and tasty.
- 5.1.8 Food should be served preferably at the following time - 7 a.m. breakfast, 10.00 a.m. mid morning coffee / tea, 12-1 p.m. lunch, 3 p.m. coffee / tea and 7-8 p.m. dinner. The practice of serving dinner between 5 and 6 p.m. as it exists in many hospitals should be done away with.
- 5.1.9 Food waste should be properly disposed.
- 5.1.10 Special diet should be provided for special groups of patients such as physically ill patients, patients under intensive care. High protein food should be provided for physically weak patients. Special food should be served on festival days.
- 5.1.11 The staff working in kitchen should be provided with uniforms. They should have separate changing rooms, bathrooms and toilets. The staff should undergo periodic medical check up. They should be immunised against typhoid and other communicable diseases.

## 5.2 Laundry

- 5.2.1 All hospitals should have a modern and mechanised laundry with washing, drying and ironing facilities.
- 5.2.2 Linen should be decontaminated regularly.
- 5.2.3 Mending and repairing facilities should be available.
- 5.2.4 Laundry should have separate areas for receiving, storing and delivering linen, laundered linen should be distributed through trolleys.
- 5.2.5 Condemnation of linen should be done periodically (once in 3 months) by a Committee. Condemned linen should be stored separately.

## 5.3 Medical stores / Pharmacy

- 5.3.1 All hospitals should have a pharmacy functioning under a qualified Pharmacist.



5.3.2 Pharmacy should stock at least 3 months requirements of the hospital drugs.

5.3.3 Pharmacy should have space for issuing drugs to wards (issue counter), storing / stocking of drugs and refrigerators to store certain types of drugs which require refrigeration to retain their potency.

#### 5.4 Medical Records Section

5.4.1 All hospitals should have a medical records section functioning under a person qualified in medical record keeping (medical records officer or assistant) who will be responsible for proper maintenance of all medical records of patients. Adequate space should be provided to store the records.

5.4.2 Separate records (files) should be maintained for each patient, in-patient as well as out-patient.

5.4.3 There should be a proper system of retrieval of records. There should be facilities for indexing of records.

5.4.4 Confidentiality of all patient records should always be maintained.

5.4.5 The medical records section should be responsible for stocking and making available all necessary forms required for the patients records, including forms for admission under Mental Health Act 1987.

#### 5.5 Hospital Necessity Stores (HNS)

All hospitals should have a Hospital Necessity Store which will procure and stock all materials other than drugs and linen which are necessary to efficiently run the hospital such as cleaning materials, equipment, toiletries for patients and other ward requirements.

#### 5.6 Central Sterile Supply Department (CSSD)

Facilities for central sterilisation of syringes, needles, gloves and all other similar hospital requirements should be provided in all mental hospitals.



## **6. Rehabilitation Services**

Along with medications and various forms of psychological treatments, rehabilitation constitutes an important component of the treatment for patients with mental disorders. Most of the mental hospitals currently do not have facilities for rehabilitation. Various kinds of disabilities which occur as a consequence of serious mental disorders such as amotivation, lethargy and social withdrawal are only amenable to well structured rehabilitation programmes.

- 6.1 Every patient will benefit from rehabilitation services. Besides providing facilities for recreation and socialisation in each ward, ward activities of patients should be structured and supervised by nursing staff and ward aides. Personal care and grooming of every patient should be ensured.
- 6.2 Separate rehabilitation section should be established in every hospital for patients who can be sent out of their wards. Discharged patients as well as recovering out-patients on treatment should also be encouraged to attend the rehabilitation services.
- 6.3 Occupational and vocational therapy activities undertaken should be locally and culturally relevant. Availability of various types of local resources and marketability of materials to be produced in the rehabilitation section should be taken into consideration while planning activities. Candle making, tailoring, carpentry, mat weaving etc are examples of activities which can be undertaken.
- 6.4 A rehabilitation committee involving local non-governmental organisations should be set up.

## **7. Extension Services**

All mental hospitals should establish regular fortnightly or monthly extension services in towns and other small places within around 100 km radius of the hospital. In the long run such services will facilitate shorter hospitalisation, stigma reduction, better involvement of families and increasing number of patients on ambulatory or out-patient care. Mental health camps should be organised periodically (once or twice a year) at district and sub divisional levels).



## **8. Liaison Services**

- 8.1 Professionals from mental hospitals should regularly visit jails, correctional institutions and other welfare institutions such as beggar homes, orphanages, old age homes, destitute homes etc to provide specialist psychiatric care to those in need in such institutions.
- 8.2 Liaison should be established with department of psychiatry in local medical college (if any), other local general hospitals and district psychiatry units, (if any) in nearby districts.
- 8.3 A panel of specialists from specialties such as internal medicine, obstetrics, gynaecology, surgery, orthopedics and ophthalmology should be established for consultation on general medical needs of mental hospital patients. Services of specialists from local government hospitals could be sought for establishing such a panel.

## **9. Staff Requirements**

The minimum essential staff ratio recommended for mental hospital is as follows :

- 9.1 Doctors - Psychiatry consultants 2 for 100 patients and Junior doctors 4 : 100.
- 9.2 Clinical Psychologists 4 : 100.
- 9.3 Psychiatric Social Workers 4 : 100
- 9.4 Nurse 1 : 3 (in teaching settings )  
1 : 5 (in non-teaching settings)  
(25% of the nurses should have received training in psychiatric nursing, adequate representation of male nurses.)
- 9.5 Ward aids 1 : 5.
- 9.6 Sweeper 1 : 10.
- 9.7 Barber - contractual.
- 9.8 Gardeners - depending on the available area.
- 9.9 Dietician - 1 per hospital.



- 9.10 Cooks - 4 : 100.
- 9.11 Supervisor / kitchen stores supervisor - 1 per hospital.
- 9.12 Laundry supervisor - 1 per hospital.
- 9.13 Boiler operator - 1 per hospital.
- 9.14 Pharmacist - 1 per hospital.
- 9.15 Medical records personnel - 1 per hospital.
- 9.16 Occupational therapy instructor - 1 for 15 patients.
- 9.17 Occupational therapist - 1 : 50.
- 9.18 Security personnel - contractual.

## **10. Inservice Training**

Staff at all levels should undergo periodic inservice training and should be given continuous professional development inputs, aimed at enhancing motivation, commitment and increased professional competence.

## **11. Administrative changes and reforms**

- 11.1 Medical superintendents of mental hospitals should be qualified psychiatrists.
- 11.2 Effort should be taken to systematically decentralize the administration.
- 11.3 Clinical unit system, as it exists in medical colleges and other teaching institutions should be established for admission, in-patient care and discharge of patients as well as out-patient care. Psychiatrists on duty should have the power to admit and discharge patients on behalf of the medical superintendent.
- 11.4 A hospital management committee consisting of heads of various clinical units and administrative and service sections should be established and such committee should meet regularly (monthly).
- 11.5 Medical superintendent should meet with all the staff of the hospital periodically (monthly).



- 11.6 The post of a Resident Medical Officer should be created in all mental hospitals, if the post does not already exist.
- 11.7 Board of visitors should be constituted as per the requirements of the Mental Health Act 1987 and regular meeting of the Board should be facilitated.
- 11.8 The administration should be responsible for the day to day cleanliness, upkeep, utility and maintenance of all amenities and services such as water supply, electricity, sewage system etc. Atleast one junior engineer - electrician and plumber (on deputation from other departments) should be available in the campus under the control of Medical Superintendent for maintenance.
- 11.9 The current procedure of the Group D staff coming under the control of overseers as practiced in some hospitals should be done away with. All Group D staff should come under the control of Nursing Department.

## **12. Miscellaneous**

- 12.1 Non-governmental organizations should be encouraged to contribute and participate in various hospital activities.
- 12.2 Every hospital should develop a "Hospital Manual" which should give in detail the structure, functions and activities of the hospital and clearly operationalise them.
- 12.3 All hospitals should develop efficient waste management systems.
  - 12.3.1 Bio de-gradable waste must be converted to compost or buried.
  - 12.3.2 Infected waste must be incinerated.
  - 12.3.3 Waste management should follow the biomedical waste handling and management rules of Government of India (July 1998).



- 12.4 Library and reading room facilities for patients as well as staff should be developed.
- 12.5 Facilities for short stay of patients (who are not admitted) along with their relatives and or relatives of admitted patients such as 'Dharmashala' or 'Relatives Rest House' should be developed.
- 12.6 The Rights of the mentally ill written in the local language should prominently be displayed for the benefit of patients and their relatives at different point in the hospital.
- 12.7 Roads inside the hospital should be properly paved and adequate lighting should be provided inside the campus. The compound should be properly maintained and gardens should be developed.
- 12.8 The State Mental Health Authority (or a monitoring task force appointed by it) should regularly ensure and monitor the provision of minimum standards of care in all mental hospitals.



RECOMMENDATIONS OF  
NATIONAL WORKSHOP FOR  
STATE HEALTH SECRETARIES

JUNE 7-8, 1999  
BANGALORE







## Recommendations of National Workshop for State Health Secretaries

1. The recommendations of the national workshop on minimum standards of care in mental hospitals made by medical superintendents are accepted in principle, with certain modifications which are given below and is recommended for implementation in a phased manner.
  - 1.1 The mental hospitals superintendents' recommendations consist of various procedures and operational details in several sections. The procedures and operational details could be presented separately as an annex to the recommendations or alternatively they could be included in the hospital manual, which should be developed for each hospital.
  - 1.2 In the nomenclature of hospitals, the word "mental" could be changed to "psychiatric" eg. hospital for psychiatric care or institute of psychiatric care.
  - 1.3 Separate space and facilities for laboratory investigations, x-ray etc and for modified ECT and other specialized services need not be created separately for the out-patient section. These services could be developed as common facilities in each hospital catering to the needs of all patients including in-patients, out-patients and emergency patients.
  - 1.4 Hospital services such as cleaning, laundry, security etc and non clinical staff could be made contractual for cost-effective and efficient functioning.
  - 1.5 An approved list of minimum essential drugs for regular and free supply should be made for every hospital.
  - 1.6 The guidelines for isolating patients inside the hospital and the minimum requirements for such "isolation rooms" (formerly referred to as "cells") should be developed and issued by the Central Mental Health Authority.
  - 1.7 The proposed staff requirements should be reviewed and revised in the light of feasibility and availability.



2. All states should develop specific plans for upgradation of mental hospitals in their states with details of recurring and non-recurring budgetary requirements and present the plans to the central government so that efforts could be made to obtain required finances from various sources.
3. States where the World Bank supported state health systems development projects are in operation, could seek financial support for upgradation of mental hospitals from the World Bank project.
4. The Central Mental Health Authority should call a meeting of the chairpersons and secretaries of all state mental health authorities to review the rules for the implementation of the Mental Health Act 1987 as well as consider recommendations to the Act if any.
5. Human resource development in the area of Clinical Psychology and Psychiatric Social Work should be taken up on a priority basis. The minimum requirement of training for these persons should be defined.



BACKGROUND TO THE  
NATIONAL WORKSHOP FOR  
MEDICAL SUPERINTENDENTS OF  
MENTAL HOSPITALS







# **Background to the National Workshop for Medical Superintendents**

## **1. Background**

In response to the growing concern at various levels about the conditions in mental hospitals in the country, it was considered necessary to develop and implement a set of minimum standards of care in all the mental hospitals in the country. The Central Mental Health Authority of India in 1997 recommended that a checklist for minimum standards of care in mental hospitals be prepared and provided to all state governments for adoption and implementation. Therefore the Ministry of Health and Family Welfare in collaboration with the National Institute of Mental Health and Neuro Sciences (NIMHANS) and with financial support from the World Health Organization conducted a national level workshop for medical superintendents of mental hospitals on minimum standards of care in mental hospitals. This workshop was held in Bangalore from 5th to 6th February 1999.

## **2. Objectives**

The main aim of the workshop was to review the prevailing conditions in mental hospitals in the country and to develop minimum standards for improving living conditions and treatment for patients in all the mental hospitals.

More specifically, the objectives of the workshop were :-

- 2.1 Review the ground reality of the existing status of all mental hospitals in the country.
- 2.2 Review the implementation of recommendations of previous workshops of Superintendents of mental hospitals and identify the specific difficulties and bottlenecks in implementation.
- 2.3 Develop minimum acceptable standards of care and guidelines for medical superintendents and health administrators for improving the conditions in mental hospitals.
- 2.4 Develop guidelines and an easy checklist for inspectors / visitors for monitoring the progress of improvement in mental hospitals.



### **3. Participants**

Medical superintendents of all the mental hospitals in the country were invited to participate in the workshop. Sixteen medical superintendents from mental hospitals situated in different parts of the country including Thiruvananthapuram(Kerala), Amritsar(Punjab), Chennai(Tamilnadu), Tezpur(Assam), Thane(Maharashtra) and Ranchi(Bihar) attended the workshop. Superintendents/Directors of some of the well known private psychiatric centres/hospitals as well as non-governmental organizations (NGO) were also invited. Three participants from private/mission hospitals and the NGO sector attended the workshop. In addition, four experts including the secretary of the Central Mental Health Authority, Consultant in Mental Health to the Ministry of Health and Family Welfare and an officer of the Ministry participated in the workshop. Director, Dean, Registrar, Medical superintendent, Resident Medical Officer and the Heads of the Departments of Psychiatry, Clinical Psychology, Psychiatric Social Work, Nursing and Psychiatric and Neurological Rehabilitation of NIMHANS attended the workshop. The team of investigators at NIMHANS carrying out a project of the National Human Rights Commission (NHRC) on Quality Assurance in Mental Health aimed at improving conditions in mental hospitals were also participants of the workshop. The full list of participants is given in Appendix I.

### **4. Background Documentation**

In preparing the background documentation for the workshop it was realized that improvement of mental hospitals was the theme of few documents and conferences/workshops held in the country earlier. For example, as early as 1944, Col. Moore Taylor, the then Medical Superintendent of the Ranchi European Mental Hospital had submitted a memorandum regarding "Mental Hospitals in India" to the Health Survey and Development Committee, popularly known as the "Bhore Committee" chaired by Sir Joseph Bhore. Col. Moore's excellent account of the conditions prevailing in the mental hospitals in the country then and his recommendations for improvements form part of the Report of the Health Survey and Development Committee volume III, 1946. Subsequently, the first ever conference of superintendents of mental hospitals in India held in November 1960 at Agra and three later workshops on mental hospitals held in February, 1986 at Kanke, Ranchi; in March 1988 at NIMHANS, Bangalore and in December 1995 at IHBAS, Delhi made several resolutions



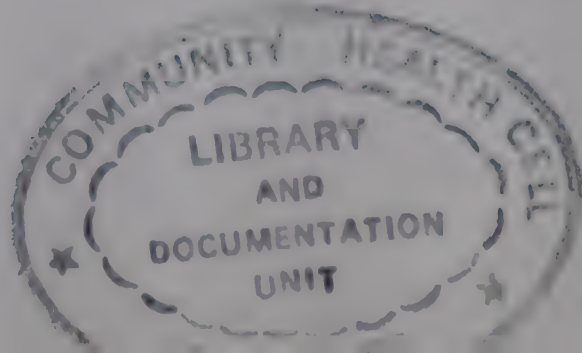
and recommendations for improving the overall conditions and care in all the mental hospitals in the country. The Mental Health Act 1987 which replaced the Indian Lunacy Act of 1912 and the more recent Persons with Disabilities Act of 1995 were also important background documents for the present workshop. List of background and resource materials is given in Appendix V.

#### 4. Proceedings

The workshop was inaugurated by Dr. M. Gourie Devi, Director, NIMHANS. She in her inaugural address pointed out that NIMHANS organized this important workshop on behalf of Government of India - Ministry of Health and Family Welfare. The Government is keen to improve conditions in all the mental hospitals in the country and looked forward to the active participation of medical superintendents of all hospitals as well the state Governments. There was need to develop minimum acceptable standards of care and a mechanism to implement and monitor the recommendations. After brief self-introduction by all the participants, the draft programme was considered and approved. The programme is given in Appendix III. The specific objectives of the workshop were also reviewed.

A detailed presentation was made of the progress of an ongoing project on 'Quality Assurance in Mental Health Care' being carried out by investigators at NIMHANS, on behalf of the National Human Rights Commission (NHRC). The focus of this project, funded by NHRC was the current status of mental hospitals in the country. A detailed assessment of prevailing conditions in all the government run as well as private mental hospitals in the country was carried out initially through a mail questionnaire survey and later by site visits by 2 investigators of the project. The project explored possible solutions for improving standards of care and a variety of needs were identified. A video highlighting many of the problems of several of the hospitals produced as part of the project was shown.

Specific problems of different hospitals were briefly presented by their superintendents. Variety of solutions were discussed. It was realized that patients admitted to mental hospitals represented a special group of persons with special needs. Since most patients who were admitted to mental hospitals were admitted without any family member or relatives, the total responsibility of caring for them rested with the hospital and





staff. The nature of some of the psychiatric disorders is such that patients tended to stay in mental hospitals for long periods. Although at least 4 workshops of mental hospitals superintendents which were held during the previous 2-3 decades made important recommendations, major changes or improvements has not occurred in most of the mental hospitals. The discussions identified several difficulties and barriers for better provision of care. Some of these barriers were as follows :-

- 1) Lack of autonomy to the hospitals.
- 2) Inadequate funding .
- 3) Shortage of adequately trained staff.
- 4) Overcrowding.
- 5) Difficulties in discharge of recovered or improved patients.
- 6) Old buildings and other infrastructure.
- 7) Poor motivation of staff.
- 8) Administrative problems due to various state specific policies and rules.
- 9) Problems in proper maintenance of buildings etc.

All the participants visited in small groups various facilities of NIMHANS which included outpatient block, inpatient facilities, support facilities such as kitchen, stores, laundry etc, and rehabilitation centre. Discussions were held with staff at various levels in different sections.

Based on the presentations and discussions, a draft checklist for ensuring minimum standards of care was produced and circulated. The group considered this checklist item by item and a final draft of recommendations for improving conditions in mental hospital was developed as shown in the initial section of this document.



BACKGROUND TO THE NATIONAL  
WORKSHOP FOR  
STATE HEALTH SECRETARIES





# **Background to the National Workshop for State Health Secretaries**

## **1. Background**

The Ministry of Health & Family Welfare Govt. of India and the National Institute of Mental Health and Neuro Sciences (NIMHANS) conducted a national level workshop for medical superintends of mental hospitals to develop minimum standards of care in mental hospitals in India. This was organised with financial support from the World Health Organisation and was held in Bangalore from 5 to 6 February 1999. The Workshop reviewed the prevailing conditions in Mental Hospitals in the country and following detailed discussions, developed a set of recommendations for improving conditions in mental hospitals. It was considered important that the health secretaries of all the states reviewed these recommendations and accepted them for implementation in their respective states. Therefore, the Ministry of Health and Family Welfare organised another National level Workshop for all health secretaries primarily to consider the recommendations made earlier by medical superintendents of mental hospitals. This workshop too was organised by the National Institute of Mental Health and Neuro Sciences with financial support from the World Health Organisation and held in Bangalore from 7th to 8th June, 1999.

## **2. Objectives:**

The specific objectivities of the workshop were as follows :

- 2.1 Review the ground reality of the existing status of the mental hospitals in the country.
- 2.2 Review and finalize the recommendations for improving the standards of care and living conditions of patients in various mental hospitals made by medical superintendents .of these hospitals in February 1999.
- 2.3 Develop a time-bound action plan for implementation and monitoring of above recommendations.

## **3. Participants**

Health secretaries of 18 states where various mental hospitals of the country are situated were invited to participate in the workshop. Health



secretaries from the states of Bihar, Karnataka, Orissa, Punjab, Rajasthan and Uttar Pradesh and senior representatives of health secretaries (such as Additional Director of Health Services in charge of mental health, Secretary of State Mental Health Authority etc.) from the states of Gujarath, Madhya Pradesh, Maharashtra and Nagaland attended the workshop. Senior psychiatrists from different parts of the country nominated by the Ministry of Health and Family Welfare and two superintendents of mental hospitals at Ranchi and Amritsar participated in the meeting. The Government of India was represented by their Additional Secretary and joint Secretary and from the Ministry of Health and Family Welfare, Additional Director General of Health Services, Consultant in Mental Health to the Ministry and the Secretary of the Central Mental Health Authority. Director, Registrar, Medical Superintendent, Resident Medical Officer and Heads of the Departments of Psychiatry, Clinical Psychology, Psychiatric Social Work, Nursing and Psychiatric and Neurological Rehabilitation of NIMHANS attended the workshop. The team of investigators at NIMHANS carrying out a project of the National Human Rights Commission (NHRC) on Quality Assurance in Mental Health aimed at improving conditions in mental hospitals also participated in the workshop. The full list of participants is given in Appendix II.

#### **4. Background Documentation**

The report and recommendation of the national workshop on minimum standards of care in mental hospitals, for medical superintendents held in February 1999 was the main background document for the workshop. In addition, the report on mental hospitals in India, prepared by Col. Moore Taylor in 1944, the then medical superintendent of the Ranchi European Mental Hospital and submitted to the Health Survey and Development Committee chaired by Sir Joseph Bhore during the mid 1940s as well as the recommendations of the conferences/workshops of the superintendents of mental hospitals held in Agra 1960, in Kanke, Ranchi in 1986, in NIMHANS, Bangalore in 1988 and in IHBAS, Delhi in 1995 were important background resource documents. The Mental Health Act 1987, which replaced the Indian Lunacy Act 1912, and the National Mental Health Programme 1982, and the Persons with Disabilities Act of 1995 were also used as resource documents.



## 5 Proceedings

The workshop was inaugurated by Shri J.V.R. Prasad Rao, Additional Secretary, Ministry of Health and Family Welfare, Government of India. In his inaugural address Shri. J.V.R. Prasad Rao pointed out that the recommendations of the mental hospital superintendents workshop should be carefully reviewed, point by point and finalized for implementation by the various states. The financial implications of the recommendations as well as the role and responsibility of the Central Government should also be considered. Various sources, both national and international for generating additional financial resources for improvement of mental hospitals should be explored. He said that the Government was keen to improve conditions in all the mental hospitals in the country and looked forward to active participation and collaboration by the state governments.

The workshop was chaired by Shri. Prasad Rao and Dr. M. Gourie-Devi, Director, NIMHANS and co-chaired by Ms. Sujatha Rao, Joint Secretary Ministry of Health and Family Welfare, Government of India. All the participants briefly introduced themselves. The draft programme was considered and approved. The programme is given in Appendix IV. The specific objectives of the workshop were also reviewed.

The report and recommendations of the mental hospital superintendents were formally presented. It was pointed out that mental hospitals were plagued by a variety of chronic problems which included poor basic infrastructure (old and dilapidated buildings, inadequate basic living facilities), low budgetary provisions for routine running of the hospitals, lack of adequately trained and motivated staff, large number of chronic long-stay patients etc. The Central Government will explore possibilities of generating finances from various sources including planning commission and international funding agencies so that the non-recurring components and a proportion of the recurring component of the budget could be provided to the states. The proposed changes to the mental hospital superintendents' recommendations and other general recommendations of the health secretaries' workshop are given in the second section of this document.





NATIONAL WORKSHOP FOR MEDICAL SUPERINTENDENTS ON  
"MINIMUM STANDARDS OF CARE IN MENTAL HOSPITALS"

5th. - 6th. FEBRUARY 1999  
NIMHANS, BANGALORE 560 029.

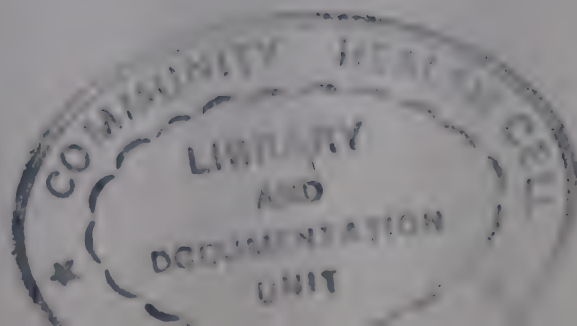
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NATIONAL WORKSHOP ON  
"MINIMUM STANDARDS OF CARE IN MENTAL HOSPITALS"  
FOR STATE HEALTH SECRETARIES

7TH - 8TH JUNE 1999  
NIMHANS, BANGALORE 560 029

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# NATIONAL WORKSHOP FOR MEDICAL SUPERINTENDENTS ON "MINIMUM STANDARDS OF CARE IN MENTAL HOSPITALS"

5 - 6 FEBRUARY 1999

Venue :

Indian Institute of Management  
Bannerghatta Road, Bangalore 560 070

## PROGRAMME

5th FEBRUARY, 1999

Forenoon

- Registration
- Inauguration
- Introduction by Participants
- Objectives of the Workshop
- Approval of Agenda
- Progress Report on  
" NHRC/NIMHANS Project on 'Quality Assurance  
in Mental Health Care' and Video Presentation
- Discussion

Afternoon

- Presentation on Specific Problems in Mental  
Hospitals and their Solutions
- Discussion

6th FEBRUARY, 1999

Forenoon

- Visit to NIMHANS,  
General Discussion on Minimum Standards of  
Care in Mental Hospitals

Afternoon

- Finalisation of Recommendations
- Plan of Action and Follow Up



NATIONAL WORKSHOP FOR STATE HEALTH SECRETARIES ON  
"MINIMUM STANDARDS OF CARE IN MENTAL HOSPITALS"

7 - 8th JUNE 1999

Venue :

Indian Institute of Management  
Bannerghatta Road, Bangalore 560 070

PROGRAMME

7th JUNE, 1999

Forenoon

- Registration
- Inauguration
- Brief self-introduction by Participants
- Objectives of the Workshop
- Approval of Agenda
- Presentation of Report and Recommendations of the National Workshop for Medical Superintendents on Minimum Standards of Care held in Feb. 1999
- Discussion

Afternoon

- Discussin on Implementation and Monitoring of Recommendations

8th JUNE, 1999

Forenoon

- Visit to NIMHANS

Afternoon

- Finalisation of Plan of Action for Implementation of the Recommendations

## List of Background Documents

1. 'The Mental Hospitals', Col. Moore Taylor - Report of the Health Survey and Development Committee Vol.III, Government of India Press. Simla 1946.
2. Resolutions of the First Conference of Superintendents of Mental Hospitals in India - 25-26 November 1960, Agra.
3. Recommendations of WHO Workshop on Mental Hospitals in India - Present status, Resources and Future Needs, 17-20 February 1986, CIP, Kanke, Ranchi.
4. Recommendations of Workshop on Mental Hospitals in India, March 1988, NIMHANS, Bangalore.
5. Recommendations of WHO Workshop on Future Role of Mental Hospitals in Mental Health Care in India, 14-16 December 1995, IHBAS, New Delhi.
6. Mental Health Act, 1987.
7. Persons with Disabilities Act, 1995.
8. National Mental Programme for India, 1982.









